PTO/SB/17 (07-06)
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PE	Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displated by the Complete if Knot Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displated to a collection unless it displated to a collection of information unless it displated to a collection unless it displated to a collecti								control number.	
40	Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL				Complete if Know					
- 2002 -					Application Number		09/856,717-Conf. #3321 February 19, 2002			
N 1 7 2007					Filing Date		Kenji ASANO			
	For FY 2006			- 1	First Named Inventor Examiner Name		C. R. Tate			
	Applicant plains and linearity status. See 27 CER 1 27			-	1055					
PRABEMAN	Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1655					
	TOTAL AMOUNT OF PA	AYMENT	(\$) 1,120.00		Attomey Docket	No.	230-0162P			
	METHOD OF PAYMENT (check all that apply)									
	X Check Credit Card Money Order None Other (please identify):									
	Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
•	Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
)	FEE CALCULATION								-	
,	1. BASIC FILING, SEAR	CH, AND EXAM	MINATION FEES	3						
	·	FILIN	G FEES	SEA	RCH FEES	EXAMIN	ATION FEES			
	Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	aid (\$)	
	Utility	300	150	500	250	200	100		47	
	Design	200	100	100	50	130	65			
	Plant	200	100	300	150	160	80			
	Reissue	300	150	500	250	600	300			
;	Provisional	200	100	0	0	0	0			
	2. EXCESS CLAIM FEES	;							Small Entity	
	Fee Description							<u>Fee (\$)</u>	<u>Fee (\$)</u>	
	Each claim over 20 (incl	_						50	. 25	
	Each independent claim		ng Reissues)		•			200	100	
	Multiple dependent clain			 -	-1-1-(6)		.1411. B	360	180	
					aid (\$)		ultiple Depende			
	18 - 28 = HP = highest number of total	claims paid for, if q	reater than 20.			<u>re</u>	<u>e (\$)</u>	Fee Paid (\$	2	
	Indep. Claims						_			
	3 -3=	x							i	
	HP = highest number of indep	endent claims paid	for, if greater than	3.				-		
	3. APPLICATION SIZE F									
	If the specification and listings under 37 CF.								<u>, </u>	
	sheets or fraction the					oi siliali ci	inty) for each a	dulilollal 5	·	
	Total Sheets	Extra Sheets		•	ditional 50 or frac	tion thereo	Fee (\$)	Fee	Paid (\$)	
	100 = /50 (round up to a whole number) x =									
	4. OTHER FEE(S) Fees Paid (\$)								Paid (\$)	
	Non-English Specification, \$130 fee (no small entity discount)									
	Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790.00 1252 Extension for response within second month 330.00									
			202 EXIGNSION	ioi res	ponse within s	econa mo	iiui		0.00	
	SUBMITTED BY									

SUBMITTED BY									
Signature	mac	Registration No. (Attorney/Agent)	40,069	Telephone	(703) 205-8000				
Name (Print/Type)	MaryAnne Armstrong			Date	January 17, 2007				